

Bureau of Professional Licensing PO Box 30670 ● Lansing, MI 48909 Telephone: (517) 241-0560

> www.michigan.gov/bpl BPLHelp@michigan.gov

CERTIFICATION OF APPOINTMENT TO A MICHIGAN TRAINING HOSPITAL

Authority: 1978 PA 368

This form must be submitted directly to this office by the Director of Medical Education office. If this form is submitted by the applicant it will not be accepted.

Section of Form to be Completed by Applicant:		
Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
Telephone Number	Email Address	I
Applicant's Signature	Date	
Remainder of Form to be Completed by Director of Media	cal Education	
Ivalie of Training Hospital		
Address of Hospital		
City	State	Zip Code
CERTIFICATION AND SIGNATURE		
I certify the applicant named above has been duly appointed to the training program in the clinical area of		
beginning		and ending,
	(Month/Day/Year)	(Month/Day/Year)
Is the program accredited by ACGME? Yes	No	
Signature of Director of Medical Education	Date	
Print or Type Name of Director of Medical Education	(Seal)	If hospital has no seal, please indicate.